



Brunswick NeuroMuscular Therapy

Name _____

Today's Date _____

Mailing Address _____

City _____

State, Zip _____

Home Phone _____

Cell Phone _____

email _____

May I send you a Self Care sheet 2-3 times a year? Yes _____ No _____

Occupation _____

Date of Birth _____

Major Pain _____

When did pain start? _____

What brought on pain? _____

What aggravates it? _____

What helps it? _____

Minor pains _____

Have you ever been in an impact accident? When? _____

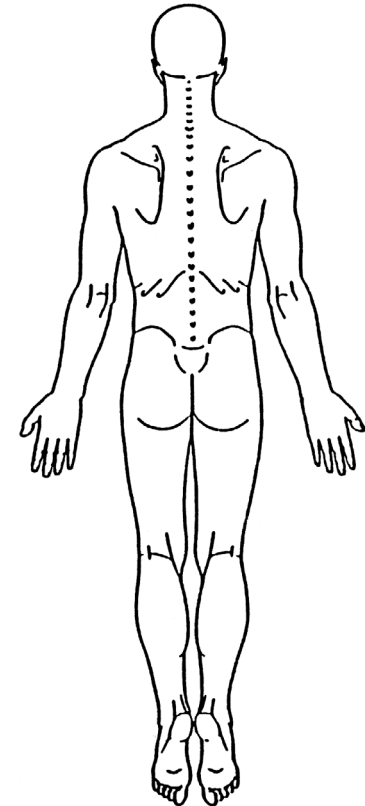
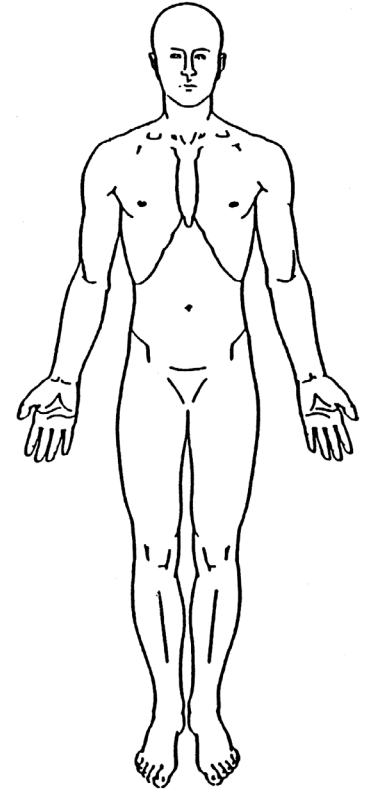
Had surgery? _____

Broken any bones? _____

Regular headaches? _____

Referred by? _____

Primary Physician _____



Deb Merrill, BFA, LMT, CNMT
Licensed Massage Therapist
Certified NeuroMuscular Therapist
207-729-6498

155 Park Row, Suite 202
Brunswick, ME 04011
deb@happymuscles.com
www.happymuscles.com

Mark on the drawings where you feel your tightness or pain.